

## Summary

### Proces evaluation of a preparatory program for sex offenders in Breda Penitentiary, the Netherlands

#### Background

In 1990, a special department called 'protective living' was set up in Breda Penitentiary 'De Boschpoort', a house of detention. This department was originally set up as a place where all vulnerable offenders<sup>28</sup> could be protected, but grew out to a department for sex offenders only. In 1999, a treatment program started at the department, called 'pretreatment for sex offenders'. The program is called *pretreatment* because it prepares for further (mandatory) treatment in forensic mental hospitals. Most sex offenders (95%, as estimated by the treatment staff) in Breda penitentiary are sentenced to both prison time and mandatory treatment, and during their time in prison the pretreatment program is given. The overall purpose of the program is to prepare sex offenders for mandatory post-detention treatment. The department has 36 single-person prison cells.

The present study was requested by a member of parliament, Krista van Velzen, who inquired about the efficacy of the program.<sup>29</sup> She requested a description and evaluation of the program components, the population for whom it is suitable, and a request for research into the feasibility of the intended effects. In addition, policy makers inquired into the rationale behind the program, as well as its merits. The results of the present study, in combination with the results of the evaluation of the program theory<sup>30</sup> are to provide guidelines for the Minister of State in the Netherlands as to the question if, and if so in which form, the pretreatment program should be broader implemented in the prison system in the Netherlands.

#### Method

The primary purpose of the present process evaluation is to examine how the program is implemented in practice and to what degree this concurs with the program theory. This latter aspect of the evaluation is known as the degree of program integrity. The process evaluation also examines whether or not all processes work out as planned. The efficacy of the program will not be tested in this study.

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<sup>28</sup> In houses of detention and prisons there is a certain culture and hierarchy in which some offenders have more status than others. Especially sex offenders are at the bottom of the hierarchy and are often subject to bullying, threats and/or physical abuse. This has to do with the crime they committed, but also with a lack of social adjustment. Also, only about 5% of all offenders in The Netherlands are sex offenders and in that way, they form a minority as well.

<sup>29</sup> Tweede Kamer, vergaderjaar 2007-2008, 24 587, nr. 247.

<sup>30</sup> Nagtegaal, M.H. & Mulder, J. (2009). *In de grondverf zetten: Planevaluatie van de prétherapie voor zedendelinquenten in PI Breda* (Applying the priming coat. Evaluation of the program theory behind a preparatory program for sex offenders in Breda Penitentiary, the Netherlands). Den Haag: WODC. Cahier 2009-14.

The present study was based primarily on interview data. Semi-structured interviews were conducted with the treatment staff of Breda penitentiary, with participants of the program, and with therapists who had the former pretreatment-participants in their mandatory follow-up program. The topics that were discussed in the semi-structured interviews were mostly questions regarding the implementation of the program, the correspondence between the implementation in everyday practice and the plans on paper, and the experiences of those involved with the treatment program. In addition, documents such as notes of the therapists and evaluations of participants of the psychomotor- and drama therapy were studied. Further, file information was studied, which included data such as age, former crimes, time spent in the program, et cetera.

Different research traditions have emerged in evaluating program theories. In this evaluation, principles from the *What Works* and *Realist Evaluation* traditions were used. In the *What Works* tradition, the efficacy of a treatment program is mainly determined while examining research studies with a strong methodological research design, preferably a Randomized Controlled Trial (RCT). The *Realist Evaluators*, in determining the efficacy of treatment programs, stress the importance of understanding the context in which presumed working mechanisms are thought to result in behavioral change.

## Results

### Objectives

The pretreatment program of the Breda Penitentiary has four objectives, namely to:

- 1 prevent a deterioration of psychological complaints;
- 2 prepare for post-detention treatment;
- 3 shorten the length of post-detention treatment;
- 4 contribute to prevent recidivism.

### Contents of the program

The program consists of three treatment components. The first is the 'protective living' ward, which is meant to facilitate and support reaching treatment objectives. The ward has characteristics of a therapeutic community and all personnel are constantly watching and commenting on the behavior of the inmates, for instance during sports or just when walking on the ward. The other two components of the pretreatment program are two weekly sessions of therapy (1,5 hour each). The first is a cognitive behavior group therapy session (CBT) and the second is a psychomotor and drama therapy session (PMDT). The group formation is the same in both sessions (eight participants in each group). At the time the present study was conducted, there were three groups of eight participants taking part in the program. In addition, one group of six participants with intellectual disabilities was participating. In addition to group therapy, participants can request individual therapy sessions with the penitentiary's psychologist.

### The pretreatment program in practice

A number of results indicate a deviation in practice from the plans on paper (the program manual). The inflow of participants is diverse and the in- and exclusion criteria are not applied according to the manual. The ability to participate is determined using clinical judgment, instead of using the structured professional judgment and formal diagnostics. In the treatment sessions, issues of the day, such as a participant's appointment in court, take up a lot of time. The therapy sessions are

therefore not always carried out as they should be according to the treatment manual.

### **Characteristics of the participants**

From the start of the program in 1999 to the date the information was collected (June 2009) a total of 141 sex offenders have participated in the program. On average, this means that 14.1 participants took part on a yearly basis. Additional data of participants such as age and offence (history) is only available for some of the participants.

The average age of 52 (former) participants is known (36.9%). This varied between 19 and 67 at the moment of entering the program, with an average of 38.73 ( $SD = 11.53$ ). The average age at which offenders exit the program is 40.5 years ( $SD = 11.50$ ; based on the data of 30 men, or 21.3%). The average length of treatment is 7.14 months ( $SD = 5.05$ , range 19-61; based on data of 49 men, or 34.8%).

Information on the index crimes is available for 131 men (92.9%).

The most common offence was sexual abuse of minors (under the age of 16), for which approximately half of the sex offenders had been convicted (48.2%). In addition, 19 offenders (13.5%) were convicted for sexual abuse of minors combined with another sexual offence, such as possession of pornography. Incest (21 sex offenders, 14.9%) and rape (17 offenders, 12.1%) was the next most common offence. Recidivism rates are known for 69 participants (48.9%). 44 participants were first offenders (63.8% of 69) and 25 (36.2% of 69) were recidivists. It is not known what the exact criminal offence was, only if they had been convicted before or not.

Information on post-detention treatment is available for the majority of the participants (135; 95.7%). 96 participants (68.1%) went on to post-detention treatment, 15 (10.6%) did not, and 24 (17%) are currently following the pretreatment program. Of the fifteen who did not get post-detention treatment, one person was acquitted and eight persons (5.7%) went to the prison system. Of six participants (4.3%) it is unknown what exactly happened after following the pretreatment program, but it is known that they did not go to follow-up treatment programs.

Ending participation in the pretreatment program is not based on successful completion of a number of treatment modules, but usually on the length of the detention. Therapy allegiance is very high, there are hardly any drop-outs.

### **Therapeutic community**

Participants of the pretreatment are very content with the program. They feel safe and understood. Among the sex offenders, sometimes a hierarchy can develop, in which rapists look down on child molesters, but this does not violate the sense of safety. The sense of safety is also expressed by the therapists and the other treatment staff.

### **Cognitive behavioral therapy (CBT)**

CBT takes place once a week, with each session lasting 1.5 hours. The main focus is on the offence chain procedure. Participants take turns in being the centre of attention. There are eight participants in a group, which means that each participant is the primary focus of attention once every eight weeks. Participants mentioned that they find it difficult to have to wait for being the group's focal point of attention for this long. They would also appreciate more sessions a week. However, they do rec-

ognize the usefulness of discussing the offence chains of other group members for their own insights.

The CBT-therapists have an evaluation form at their disposal. Systematic evaluations do not take place however, because the modules are not worked through systematically. According to the therapists this is a consequence of the variable length of detention of participants, and of the semi-open character of the groups in the therapy sessions. Instead of systematic evaluations, participants are asked at the end of each session what was useful to them and what they would like differently. Their responses are not registered. The therapists are content with the CBT. The only addition one of the therapists would like to make is to involve members of the social system of the offenders more in the treatment program.

### **Psychomotor and drama therapy (PMDT)**

PMDT also takes place once a week, with each session lasting 1.5 hours. The participants do not work through the PMDT exercises in a specific order, for the same reason the CBT modules are not worked through systematically. That is, the variable length of detention of participants does not allow this, according to the therapists. Every week another participant is the focus of the group's attention; however the therapists aim to actively involve the other group members as well.

PMDT is evaluated annually by the participants. The evaluations are positive. The participants are appreciative of the PMDT. According to them, PMDT stirs up blocked emotions and thought patterns, and they think PMDT is important, interesting and educative. For these reasons, they would rather have more time to think and talk about the sessions afterwards, instead of going to work in the prison directly after therapy. Participants would also like longer sessions (in time), more sessions a week (twice a week) and better facilities, since the PMDT is currently being given in an old room with hardly any furniture. Finally, participants reported missing a clear connection between the topics discussed in CBT and the exercises in PMDT. They prefer to cover similar subjects in both sessions per week.

### **Preconditions**

The achievements as to how many treatment goals are reached, are not formally determined. There are some consultations between the different treatment staff but there is no record of each individual participant and the extent to which he achieves his treatment goals. Personnel have received little training over the past years. The costs of the program are relatively low. Personnel involved in the pretreatment program were mostly already working for the penitentiary. Penitentiaries follow a national norm for the number of fulltime-equivalents (fte's) that can be deployed for psychological services. The Breda penitentiary does not exceed that norm. This does mean however, that the available fte's for psychological services outside the pretreatment program are limited.

### **End of participation**

The pretreatment program is meant to precede mandatory post-detention therapy for most sex offenders. However, collaboration with therapists from the institutes that provide this treatment is limited. Transfer of patient information has only taken place in a few instances, in the form of a letter. This lack of communication is against the wishes of the therapists of the post-detention treatment services. Another disadvantage that these latter group of therapists mention, is the lack of attunement of the contents of the pretreatment program with the contents of post-detention treatment program. According to them, this limits the degree to which the

pretreatment program actually prepares offenders for their post-detention treatment, which is in fact one of the main goals of the pretreatment program.

### **Aftercare in society**

The aftercare programs that are available depend on the trajectory that the sex offender follows after participation in pretreatment. Aftercare for offenders without mandatory treatment after detention, is given by probation services. During detention, the penitentiary's social workers look at what inmates will require to return to society successfully, such as housing and employment.

Since the fall of 2009 the aftercare project *Circles of Support and Accountability* (COSA) started in the Netherlands. This program is for all sex offenders, also for former participants of the pretreatment program. The aim of COSA is to prevent recidivism by establishing a social network around the sex offender, which among others will prevent social isolation of the sex offenders after their detention. The aftercare consists of monitoring the behavior and whereabouts of the sex offender by a number of volunteers.

### **Evaluation of the working mechanisms**

A number of working mechanisms linking interventions of the pretreatment program to outcomes were deduced in the evaluation of the program theory. These working mechanisms were presented to the people involved in the program (therapists, participants and post-detention therapists), and they were asked to comment on them.

Offering a protective living ward is considered a highly valuable component of the program by all people involved (mechanism 1). Informing participants about what to expect in a treatment program (mechanism 2) was considered useful by both groups of therapists. Participants indicated they were not so much insecure about their prospective treatments per se, but more about general treatment aspects, such as speaking in groups.

Participants of the pretreatment program appreciate the possibility to start treatment during detention (mechanism 3), and are eager to start working on their problems. Therapists from post-detention services were more reluctant however. Some of them have had ex-pretreatment clients who said they did not need treatment anymore because they had already participated in a treatment program. Therefore, for some offenders, it could undermine their motivation for treatment. Post-detention therapists were also reluctant about already starting to examine risk factors that may have led to the delinquent behavior treatment in pretreatment (mechanism 4). Moreover, therapists from post-detention services felt this type of treatment and analysis should not take place in a pretreatment program, but should be part of a post-detention program. Increasing motivation for treatment (mechanism 5) is considered valuable by the post-detention therapists. Further, at present, participants who are not motivated and deny their crime are excluded from the pretreatment program. The post-detention therapists suggested that instead of excluding them of the program, certain techniques are available to motivate them which could be employed by the therapists of the pretreatment program.

With regards to acquiring skills needed for participation in therapy (mechanism 6), the participants of the program, therapists of the pretreatment as well as post-detention therapists were positive. Skills needed for participation are the ability to speak openly in groups, understanding treatment terminology, and the ability for self-reflection. Participants reported experiencing difficulty at first to speak openly

in groups (6a), but grew accustomed to it in the course of the program. Therapists from post-detention services considered this a valuable objective of the pretreatment program, but not all had noticed an improved capacity in ex-pretreatment participants. With regards to understanding treatment terms (6b), the post-detention therapists did not find this very important. The ability to self-reflect (6c) was regarded as a useful objective, but again, warnings were made for therapy-fatigue and decreased motivation.

Regarding the shortening of the post-detention treatment (mechanism 7) therapists from post-detention services thought it was plausible that pretreatment could shorten the introduction phase of post-detention treatment, but that it is not possible to say anything about the extent to which the effects of a faster introduction period last and whether or not pretreatment can shorten the total duration of post-detention treatment.

With regards to preventing future recidivism, one of the ultimate treatment objectives, not much can be said based on this process evaluation. An effect study would be necessary to assess this, but the small group size seriously limits the outcomes of any effect study.

### **Recommendations**

All persons involved in the program (participants, therapists from the pretreatment program and therapists from post-detention services) were asked which changes to the program they would recommend. The pretreatment therapists would like to see a broader implementation of the program. Therapists from post-detention services agreed upon the importance of the protective living ward and the respectful attitude towards the offenders. This should be maintained in any future implementations of a pretreatment program for sex offenders, according to them. They also felt however, that the actual treatment of sex offenders should take place in the post-detention treatment facilities. Furthermore, any treatment that takes place should be attuned with post-detention therapists with regards to contents. Finally, there should be more consultation between both groups of therapists, in order to better fit the pretreatment program to the follow-up treatment programs and in order to improve the transfer of information from the penitentiary to the post-detention services.

### **Conclusion**

The results of the present process evaluation underline the conclusions from the evaluation of the program theory, which was that the program could be a useful addition to the standard regime in penitentiaries, provided a number of improvements are made. One important finding from studying the plans was that the pretreatment program has not incorporated the most recent insights into the effective treatment of sex offenders. Results of the process evaluation suggest that it is necessary to improve communication and attunement with the post-detention services.

Especially the safe climate in the department and the positive attitude towards the sex offenders are considered valuable by all parties involved. In addition, informing participants on what to expect in treatment, motivating participants for treatment, and enabling the acquisition of skills relevant to treatment participation are considered useful. The therapists of the post-detention services did argue for withholding actual treatment, such as raising awareness of the risk factors, until after deten-

tion. That way, the pretreatment program can honor its name and truly be a program that prepares for follow-up treatment.